

MAR - 1 2010

Please type or print in ink.

2010 MAR - 1 PM 5:12 Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
DeSaulnier	Mark	J	[REDACTED]		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

1. Office, Agency, or Court

Name of Office, Agency, or Court:

California State Senate

Division, Board, District, if applicable:

District 7

Your Position:

Senator

► If filing for multiple positions, list additional agency(ies)/position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-1-10
(month, day, year)

Signature

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Mark DeSaulnier

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Skipolini's Inc. President Kent Ipsen

ADDRESS (Business Address Acceptable)

1535 Giammona Dr., Walnut Creek, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Bar & Grill

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☒ Sale of DDL Corp. DBA TR's Bar & Grill

(Property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☐ Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☐ Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

INTEREST RATE

TERM (Months/Years)

ADDRESS (Business Address Acceptable)

_____ % ☐ None

BUSINESS ACTIVITY, IF ANY, OF LENDER

SECURITY FOR LOAN

☐ None ☐ Personal residence

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>De Saulnier</u>

► NAME OF SOURCE
Daniel Hung, Taipei Economic & Cultural Office
 ADDRESS (Business Address Acceptable)
555 Montgomery Street, San Francisco CA, 94111
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 14 / 09</u>	<u>\$ 75.00</u>	<u>Tea Cup & Saucer</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Cotchett, Pitre & McCarthy
 ADDRESS (Business Address Acceptable)
840 Malcom Road, Burlingame CA 94010
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 09</u>	<u>\$ 175.00</u>	<u>Dinner Ticket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
CA Tribal Business Alliance
 ADDRESS (Business Address Acceptable)
1530 J Street, Ste 250, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 14 / 09</u>	<u>\$ 88.77</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____